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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	10/643,826	
	Filing Date	August 18, 2003	
	First Named Inventor	Marco Wirasinghe	
	Art Unit	2187	
	Examiner Name	Kimberly McLean-Mayo	
Total Number of Pages in This Submission	13	Attorney Docket Number	42P15529

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	April 17, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Brent E. Vecchia	Date	April 17, 2006
Signature	<i>Brent E. Vecchia</i>		

Based on PTO/SB/21 (03-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 11/30/2005.
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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number 10/643,826
Filing Date August 18, 2003
First Named Inventor Marco Wirasinghe
Examiner Name Kimberly McLean-Mayo
Art Unit 2187
Attorney Docket No. 42P15529

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
33	33*	0	\$0.00
Independent Claims	6	6*	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	50	25	Claims in excess of 20
1201	2201	200	100	Independent claims in excess of 3
1203	2203	960	180	Multiple Dependent claim, if not paid
1204	2204	790	395	**Reissue independent claims over original patent
1205	2205	300	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	2051	130	65	Surcharge - late filing fee or oath
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet
2053	2053	130	130	Non-English specification
1251	2251	120	60	Extension for reply within first month
1252	2252	450	225	Extension for reply within second month
1253	2253	1,020	510	Extension for reply within third month
1254	2254	1,590	795	Extension for reply within fourth month
1255	2255	2,160	1,080	Extension for reply within fifth month
1401	2401	500	250	Notice of Appeal
1402	2402	500	250	Filing a brief in support of an appeal
1403	2403	1,000	500	Request for oral hearing
1451	2451	1,510	1,510	Petition to institute a public use proceeding
1480	2480	130	130	Petitions to the Commissioner
1607	1607	50	50	Processing fee under 37 CFR 1.17(r)
1805	1805	180	180	Submission of Information Disclosure Stmt
1809	1809	750	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	790	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(S)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Brent E. Vecchia Registration No. 48,011 Telephone (303) 740-1980
Signature [Signature] Date 04/17/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (win) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 10/643,826
 Filing Date August 18, 2003
 First Named Inventor Marco Wirasinghe
 Examiner Name Kimberly McLean-Mayo
 Art Unit 2187
 Attorney Docket No. 42P15529

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

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☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	33	33*	0	50.00	\$0.00
Independent Claims	6	6*	0	200.00	\$0.00
Multiple Dependent					

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	50	25	Claims in excess of 20
1201	2201	200	100	Independent claims in excess of 3
1203	2203	360	180	Multiple Dependent claims, if not paid
1204	2204	780	395	**Reissue independent claims over original patent
1205	2205	300	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

*or number previously paid, if greater. For Reissues, see below

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1253	2253	1,020	510	Extension for reply within third month
1254	2254	1,580	785	Extension for reply within fourth month
1255	2255	2,160	1,080	Extension for reply within fifth month
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1809	1809	750	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	790	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(5)

SUBMITTED BY

Name (Print/Type) Brent E. Vecchia Registration No. 48,011 Telephone (303) 740-1980
 Signature *Brent E. Vecchia* Date 04/17/06

Complete (if applicable)

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Our Docket No: 42P15529

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Marco Wirasinghe et al.)	Examiner: Kimberly McLean-Mayo
)	
Appl. No: 10/643,826)	Art Unit: 2187
)	
Filed: 08/18/2003)	
)	
For: Memory Optimization for)	
a Computer System Having)	
a Hibernation Mode)	
)	
)	

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 01/17/2006, the Applicants respectfully request that the Examiner enter the following amendments and consider the following remarks.

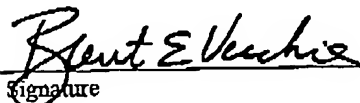
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I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Postal Service at (571) 273-8300 on the date indicated below:

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Brent E. Vecchia

Name of Person Transmitting Correspondence


Signature

4/17/06
Date